

## Issue 10 October 9, 2009

### Inside this Issue:

<b>Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam M. Robinson, Jr.</b>	<b>2</b>
<b>Navy's Top Officer Presents Purple Heart</b>	<b>3</b>
<b>Naval Hospital Bremerton Sailors Challenge Themselves to Benefit the Battle Wounded</b>	<b>4</b>
<b>Marines, Sailors Bring Aid to Philippines</b>	<b>5</b>
<b>Chief Receives Anchors in Afghanistan</b>	<b>6</b>
<b>HM1 Schaefer Bureau of Medicine and Surgery Sailor of the Quarter</b>	<b>6</b>
<b>Bureau of Medicine and Surgery Honors Ombudsman Appreciation Day</b>	<b>7</b>

### ***Did you Know...***

Most people with concussion or mild TBI recover fully without any clinical consequences. In OIF and OEF, over 10,000 Sailors and Marines have suffered a TBI; 87% of military TBI cases have been mild concussions.

In FY 09, over 1000 Navy health care providers received TBI education.

Education is the key to informing service members and their families that most concussions will resolve.

# Navy and Marine Corps Medical News

*A Public Affairs Publication of the Bureau of Medicine and Surgery*

## SECNAV Visits, Presents Bronze Star, Purple Heart to Wounded SEAL

**By Chief Mass Communication Specialist (SW) Jeremy L. Wood, Naval Special Warfare Group 1 Public Affairs**

**SAN DIEGO** - Secretary of the Navy Ray Mabus awarded the Bronze Star Medal with Valor and a Purple Heart to a Navy SEAL at the National Medical Center in Bethesda, Md., Oct. 1.

Shaking hands with the wounded West Coast-based SEAL, Mabus talked with Lt. Daniel Cnossen, who recently came out of another surgery, about his treatment and expressed encouragement to a speedy recovery.

Cnossen, who was presented the awards for his actions in combat operations in Afghanistan,

is no stranger to a challenge or perseverance.

His "never given up, never stopped fighting" attitude was evident in his hospital room. Cnossen insists that this tragedy should not deter Naval Special Warfare (NSW) members, and U.S. military "from aggressively pursuing the enemy."

The West Coast-based SEAL was severely injured Sept. 7 on a hilltop by an improvised explosive device (IED) during the mission and was saved by the immediate medical assistance rendered by the team corpsman. Together, they navigated down the hill, encountering more secondary IEDs. Later, team members were quickly evacuated by helicopter. Though

*(Continued on page 3)*



**BETHESDA, Md.** - Secretary of the Navy (SECNAV) the honorable Ray Mabus awards the Bronze Star with Valor medal and a Purple Heart medal to Navy SEAL Lt. Dan Cnossen at the National Medical Center in Bethesda, Md., Oct. 1, 2009. Cnossen was wounded by an improvised explosive device in Afghanistan. (U.S. Navy photo by Mass Communication Specialist 2nd Class Kevin S. O'Brien/Released)

## **Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam M. Robinson, Jr.**

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***There is no greater responsibility than caring for our Wounded Warriors. It is what we do and why we exist. It is our duty – it is our honor – it is our privilege.***

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When our Warriors go into harm's way, we in Navy Medicine go with them. At sea or on the ground, Sailors and Marines know that the men and women of Navy Medicine are by their side ready to care for them. There is a trust and fidelity that has been earned over years of service together, and make no mistake, today that bond it is stronger than ever. Our mission is to care for our wounded, ill and injured, as well as their families. That's our job and we are fortunate to have this opportunity to care for our shipmates and their families.

Today we are experiencing the historically high survival rates - with some 95% of seriously injured service members surviving their wounds. This progress underscores advances in casualty care and technology, but more importantly, it underscores our people providing outstanding care. The continuum of care we provide for our warfighters begins in the field with buddy aid and our corpsmen, most often in very austere and hostile conditions, moves through forward resuscitative care, theatre level care, definitive care and culminates in restorative care and rehabilitation.

As our Wounded Warriors return from combat and begin the healing process, they deserve a seamless and comprehensive approach to their recovery. We want them to mend in body, mind and spirit. Our focus is multi-disciplinary-based care, bringing together medical treatment therapies, social work, case management, emotional, psychological and spiritual chaplaincy resources. We are working closely with our line counterparts within the Wounded Warrior Regiments and Safe Harbor to support the full-spectrum recovery process for Sailors,

Marines and their families. This is truly patient and family-centered care.

While there are many significant injury patterns in theatre, an important focus area for all of us remains Traumatic Brain Injury (TBI). In previous columns, I have indicated to you that TBI is often referred to as the signature injury from Operation ENDURING FREEDOM (OEF) and Operation IRAQI FREEDOM (OIF). This is largely a result of explosive blasts from Improvised Explosive Devices (IEDs). The majority of TBI injuries sustained by our warfighters is categorized as mild, or in other words, a concussion. Yet, there is much we don't know about these injuries and their long-term impacts on the lives of our service members.

The relative lack of knowledge about mild TBI amongst service members and healthcare personnel represents an important gap that Navy Medicine is seriously addressing. We are providing TBI training to healthcare providers from multiple disciplines throughout the fleet. This training is designed to educate personnel about TBI, introduce the Military Acute Concussion Exam (MACE) as a screening tool for concussion, inform providers about the Automated Neurocognitive Assessment Metric (ANAM) test and identify a follow-up for assessment including use of a repeatable test battery for identification of neuropsychological status. We are expanding our TBI program office to manage the implementation of the ANAM as a pre-deployment test for service members in accordance with DoD policy. This office will further develop models of assessment and care as well as support research and



evaluation programs.

I want you to know that Navy Medicine is employing a strategy that is both collaborative and integrative by actively partnering with the other Services, DoD (including the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury), the Veterans Administration, and leading academic, medical and research centers to make the best care available to our Warriors suffering with TBI. I bring this to your attention again because this is an important priority for all of us in military medicine and I need your support as we enhance our capabilities to prevent, detect and treat TBI.

I know of no greater honor than caring for our wounded, ill and injured. They are heroes. We, who are fortunate enough to care for them, understand this responsibility. Please remember the personal sacrifices these women and men have made and do your best to provide them with the world class care they expect. I am proud of the tremendous care you are providing as I visit you and your commands throughout the world. The extraordinary commitment you are demonstrating each day is remarkable and you are making a difference in the lives of our Wounded Warriors and their families.

## Navy's Top Officer Presents Purple Heart

By Mass Communication Specialist 2nd Class (SW)  
Rebekah Blowers, Chief of Naval Operations  
Public Affairs

**WASHINGTON—** The chief of naval operations (CNO) presented the Purple Heart to a Navy commander in the Pentagon Sept. 11.

Adm. Gary Roughead, CNO, presented the medal to Cmdr. Kim M. LeBel, Nurse Corps, for wounds received in action during her individual augmentee assignment in Afghanistan. LeBel was a medical-embedded training team nurse assigned to an Afghan National Army Regional Hospital in Mazar-e Sharif when she was ambushed by enemy fire while performing routine physical fitness with friends.

While in Afghanistan, LeBel provided training to the Afghan National Army, improving the quality of health care provided in Afghan Army hospitals.

Roughead said she is part of an expeditionary Navy medical team that has 1,044 people in the fight on the ground in Iraq and Afghanistan.

"This is a great honor to be able to present a Purple Heart to one of us who has served and who has sacrificed in the current fight that we're in," Roughead said. "Thank you on behalf of the Commander-in-Chief and the Navy for what you have done, for your service, for your sacrifice, your courage, then and now, and the example that you set."

CNO said it was fitting for him to present LeBel the award on the anniversary of Sept. 11, and that it is important to remember the sacrifices made by our service members in support of the Navy and the nation.

"She represents that sacrifice that our young men



**WASHINGTON-** Chief of Naval Operations (CNO) Adm. Gary Roughead presents the Purple Heart medal to Cmdr. Kim LeBel for wounds received in action during her individual augmentee assignment in Afghanistan, Sept. 11, 2009. (U.S. Navy photo by Mass Communication Specialist 1st Class Tiffini Jones Vanderwyst/Released)

and women make every day, they willingly volunteer to go forward to help other countries become something that their citizens need and that their citizens want," Roughead said.

Label, safely at home, is recovering with the assistance of the Safe Harbor program which provides Sailors, Coast Guardsmen, and their families a beacon of hope through non-medical support following a serious illness or injury.

## SEAL Continued...

*(Continued from page 1)*

he lost large quantities of blood and received severe injuries leading to the amputation of both legs at the knees, Cnossen continued to direct his teammates and assess the tactical situation.

Cnossen's team assaulted the compound to discover several thousands of pounds of narcotics, small arms weapons, and IEDs, to include components such as warheads, detonation materials, bulk explosive and four tons of ammonium nitrate, a fertilizer used in explosives devices.

He was transported to Landstuhl, Germany, for more specialized medical assistance, and then continuing on to Bethesda.

His sister, Leslie, has given up

her job at New York University as a nurse to move to Washington, D.C., to take care of Cnossen. His mother also made commutes from Kansas to be with him in Maryland.

"Dan is in good spirits and is already formulating a plan for recovery," said his mother, Alice Landers. "He's climbed Machu Picchu and hiked Patagonia's Torres del Paine, so you can bet he'll attack his recovery plan with the same unbelievable resolve."

Upon arrival, Cnossen was immediately met by family and teammates who had been flown in by the NSW Foundation to provide the physical and emotional support necessary to begin recovery.

On his blog, Leslie continues to write about her brother staying

"perky and cracking jokes all the time. That IED certainly didn't take away his sense of humor."

He has progressed along his recovery, including the ability to swallow and drink on his own accord, ahead of the doctors' original milestones. Doctors have adjusted his surgery schedule to keep up with his recovery.

His brothers from the SEALs echoed their excitement via blog posts, even providing a virtual salute to his health.

"His spirit and determination will always serve as an example for us all," said one of Cnossen's close friends.

Wally Graves III, the Resiliency

*(Continued on page 7)*



## Naval Hospital Bremerton Sailors Challenge Themselves to Benefit the Battle Wounded

By Mass Communications Specialist  
1st Class Charlemagne Obana,  
Naval Hospital Bremerton

**BREMERTON, Wash.—** Staff members from Naval Hospital Bremerton enhanced their physical readiness training and benefited others by participating in a yearly Crossfit experience over the weekend.

Hospital Corpsman 1st Class Adam Cerullo, Hospital Corpsman 2nd Class Lawrence Duran, and Hospital Corpsman Jason Kirkendall competed in 'Fight Gone Bad,' an annual worldwide Crossfit event which has raised over \$1 million this year alone to benefit non-profit organizations, Wounded Warriors Project and Athletes for a Cure.

"Participating in any event to benefit our wounded warriors, regardless of the branch you belong to, should be incentive enough to participate in this event," said Cerullo. "Crossfit is just another means for us to get together and get a great workout motivating each other."

For the uninitiated, Crossfit is a relatively new exercise phenomenon that combines three exercise disciplines: gymnastics,

traditional cardio workouts and Olympic-style weightlifting. Key to the workouts is incorporating numerous physical fitness aspects such as cardiovascular conditioning, strength, flexibility, coordination, and agility that make the person continually have to adapt too effectively and efficiently handle the workload to get the most out of the routine.

The 'Fight Gone Bad' Crossfit challenge was held at Kitsap Crossfit in Poulsbo, WA. and consisted of three, five-minute rounds of five events in which the individual tries to perform a maximum amount of repetitions or burn the most calories with a one-minute rest period at the end of each round. Event exercises included were 20 pound medicine ball thrown against a target at a height of 10 feet; sumo dead lift high-pull of a 75 pound weight; Box Jump a height of 20 inches; Push-press a weight of 75 pounds; and rowing machine.

"The Wounded Warriors Project is a fantastic organization that provides very important and needed assistance to our service men and women who have been

severely wounded," said Dan Hollingsworth, formerly a Navy Lieutenant and physical therapist while on active duty who has continued his career-path as a physical therapist along with co-owning Kitsap Crossfit with his wife, Amy Hollingsworth. "Supporting this organization is a great way to show our service men and women that we truly appreciate the sacrifices they have made and continue to make."

"I will definitely share the knowledge I've gained from this event and from Crossfit with my fellow Sailors," said Cerullo, leading petty officer in physical therapy at NHB and a command fitness leader. "It's all about getting a good workout partner watching out for you and providing a controlled atmosphere where your workout can be intensified and effective and at the same time not cause any injury."

As with any fitness program, service members should consult with their medical service provider and command fitness leader for guidance and advice before beginning a training regiment.

**SAN DIEGO** —U.S. Army Gen. David Petraeus, the commander of U.S. Central Command, speaks to wounded Soldiers, Sailors and Marines during his visit to Naval Medical Center San Diego in San Diego, Calif., Sept. 4, 2009. While at the center, Petraeus visited the Comprehensive Combat and Complex Casualty Care facility, which aids severely wounded or ill patients from medical evacuation through inpatient care, outpatient rehabilitation and either a return to active duty or transition from the military. (DoD photo by Mass Communication Specialist 3rd Class Jake Berenguer, U.S. Navy/Released)



# Marines, Sailors Bring Aid to Philippines

Office of the Secretary of Defense Public Affairs

## MARINE CORPS BASE CAMP BUTLER, Japan

The U.S. military is providing critically needed disaster-relief supplies to mitigate suffering and prevent further loss of life in the wake of Tropical Storm Ketsana, which struck the Philippines on Sept. 25.

"Marines and sailors are working with the Philippine government to rapidly deliver humanitarian assistance and disaster relief to the areas the Philippine government deems most in need," said Marine Corps Lt. Col. Douglas Powell, spokesman for the 3rd Marine Expeditionary Force.

U.S. military personnel are delivering relief supplies to remote areas by way of air and ground, providing limited medical and dental care and establishing long-range communication capabilities for relief efforts.

A team of about 100 3rd MEF Marines flew from Okinawa to the Philippines Sept. 29 to assess the situation. The next day, U.S. Navy ships USS Denver, USS Tortuga, and USS Harpers Ferry, with embarked Marines and sailors of the 31st Marine Expeditionary Unit, set sail from Okinawa toward the Philippines.

Oct. 1, Marine Corps Brig. Gen. Mark A. Brilakis, commander of the 3rd Marine Expeditionary Brigade, flew to the Philippines from Okinawa to lead planning and humanitarian assistance efforts.

Medical personnel attached to the MEU set up a medical civil affairs program at an elementary school in Marikina City that provided care for more than 760 medical and dental patients. A food-distribution mission provided more than 2,400 meals for



**MANILA, Philippines** - Medical personnel assigned to Joint Special Operations Task Force-Philippines assist a woman in labor during relief efforts after flooding destroyed homes in Manila, Sept. 19, 2009. U.S. Navy Sailors delivered medical supplies, food, and rescued more than 52 people in Manila. (U.S. Navy photo by Lt.j.g. Theresa Donnelly/Released)

Quezon City residents.

C-130 Hercules transport aircraft from the 1st Marine Aircraft Wing already have delivered humanitarian relief aid to the region. U.S. forces temporarily deployed in Zamboanga provided 20 personnel, a helicopter and four Zodiac inflatable boats to move food and medical supplies and conduct initial rescue operations in the Manila area.

A 3rd MEF humanitarian assistance support team will arrive today to assess the operation and request additional support the areas hardest hit by the storm may need.



**BETHESDA, Md.**—Master Chief Petty Officer of the Navy (MCPON) Rick West meets with U.S. Marine Lance Cpl. Jeremy Terry during a visit to National Naval Medical Center, Bethesda, Oct. 6, 2009. (U.S. Navy photo by Mass Communication Specialist 1st Class Jennifer A. Villalovos/Released)



## Chief Receives Anchors in Afghanistan

By Douglas Stutz, Naval Hospital  
Bremerton Public Affairs

**KANDAHAR, Afghanistan** - A Sailor from Naval Hospital Bremerton currently deployed as an individual augmentee assigned to the Canadian-led Role 3 Multinational Medical Unit, a NATO trauma center, received her anchors along with four others at Kandahar Air Field (KAF) in Afghanistan Sept. 16.

"I didn't believe it when I was first told and had to check for myself," said Chief Hospital Corpsman Julie Jorgensen, who has spent half of her 16 years assigned to NHB. "Now that I am a chief, I'll continue to be committed to excellence on the job, and by training and taking care of our Sailors."

The CPO Induction process was added to Jorgensen's responsibilities as shift supervisor for the KAF Primary Care Clinic (acute care) and as a member of the first trauma team established for urgent surgical needs.

The hospital and acute care clinic are both in tents just off the loud and non-stop flight line for quick receipt of the critically wounded and to also transport patients out of theater via medical evacuation (Medevac).

KAF is located approximately 15 miles from Kandahar, the second largest city in the country.

"A normal day for us is to expect to have any number of traumas [cases] flown in from all over southern Afghanistan," said Jorgensen, adding that she has also experienced several incoming rocket attacks. "As a trauma team member, I help to handle and treat a lot of critically wounded combat casualties that are mostly from blast injuries and gunshot wounds."

Additionally, since selected for chief, she became the senior enlisted leader. Work and CPO Induction were juggled accordingly. "Our induction committee members were Navy SEALs, as were half of

our selectees. So they made it clear from the beginning that our respective missions always came first," explained Jorgensen, a native of St. Paul, Minn. "With all of us working different schedules in different areas, it was taxing at times to get together. But we still managed to communicate, prioritize the tasks we were given, and we learned to trust each other to build a great team of new chiefs."

Even though the Chief Induction process is unmatched in any other service, it wasn't completely unknown to others in the camp, which currently falls under leadership of the Canadian armed forces. In the joint medical command environment, there are also Australians, British, Danish, Dutch, New Zealand and U.S. Army medical personnel, totaling approximately 13,000 troops from 17 countries.

"Surprisingly, there are even a

*(Continued on page 8)*

## HM1 Schaefer Bureau of Medicine and Surgery Sailor of the Quarter

By Bureau of Medicine and Surgery  
Public Affairs

**WASHINGTON** – From a cadre of exceptional Sailors, Bureau of Medicine and Surgery (BUMED), headquarters for Navy Medicine, selects one of the best of the best to receive the Sailor of the Quarter award.

HM1 (FMF) Charles R. Schaefer is the Sailor of the Quarter, 2nd Quarter, 2009.

"Petty Officer Schaefer's performance is always exemplary," said HMCS (AW/FMF) Robert J. Myers, MSQSM. "His work ethic is infectious; he raises the bar for everyone around him. His specific contributions impact not just his work center, but the work he does bears greatly on the U.S. Navy and Marine Corps' accessions, retentions, reenlistments and ultimate end strength. I am very

proud of HM1 (FMF) Schaefer!"

Schaefer, the Leading Petty Officer of Physical Qualifications and Standards at BUMED, processed over 5,000 enlistment, accession and retention, and commissioning medical recommendation packages, during the quarter.

"I am honored. It's recognition from my supervisors and I appreciate it," said Schaefer. He added as advice to future Sailors, "Keep working and do what you need to do. Don't get discouraged."

At BUMED Schaefer provides technical and administrative support to 200 field sites and through his efforts enhances Navy and Marine Corps Fleet readiness and the ability to meet operational requirements. Schaefer also served as the Master of Ceremonies for BUMED's celebration of the 111th Hospital Corpsmen birthday, June 17, 2009. During his off-duty hours,



**WASHINGTON**—HM1 (FMF) Charles R. Schaefer, BUMED Sailor of the Quarter, 2nd quarter, 2009. (Courtesy photo)

Schaefer provides first responder medical support to the Potomac River Dogs and Dulles Astros Little League sports teams.



**WASHINGTON** – "The Commandant's Own," The United States Marine Drum & Bugle Corps performed a noon time concert Sept. 16 for personnel at the Navy Bureau of Medicine and Surgery as a musical 'thank you' for BUMED's 167th anniversary. The Drum & Bugle Corps brought the crowd to a standing ovation during "Corpsman Up," the first piece of music specifically written for the corpsmen who keep Marines in the fight. (Photo by BUMED Public Affairs Specialist, Valerie A. Kremer)

## Bureau of Medicine and Surgery Honors Ombudsman Appreciation Day

By Bureau of Medicine and Surgery Public Affairs

**WASHINGTON** – Navy Ombudsman Appreciation Day is celebrated every September, recognizing the selfless dedication and family support the Ombudsman provides to the command.

"For nearly forty years the Ombudsman program has provided constant support, care, and guidance for the families of our Sailors. No one is closer to the Navy family than the command's ombudsman. Because of their outstanding efforts we can provide a greater level of support to families through out in Navy Medicine," said Vice Adm. Adam M. Robinson.

Melissa Ford, the wife of Lt. Joseph Ford, clinical social worker, deployment health, MSC, is BUMED's command ombudsman. Recently completing Ombudsman training, Ford is looking forward to reaching out to Sailor's families, especially families of individual augmentees and families of wounded, ill, and injured.

"If families are healthy, staff is healthy," said Ford. "To keep family resilience, we need to deal with operational stress, occupational stress for those at home."

The ombudsman is a volunteer, chosen by the Commanding Officer. They are the link in the communications chain between the command and the families of active duty members- including spouses, parents, and the extended family. An ombudsman is the spouse of an active duty member or selected reserve member who is assigned to the command.

"We need our ombudsman more than ever before as the performance of our Sailors depends on mission readiness. This is a wonderful opportunity to thank them in all the work they do," said Robinson.

They provide information resources on a variety of topics such as employment opportunities, healthcare and counseling services, and other services. The Ombudsman program is essential to ensure Sailors families have the information they need to meet the unique challenges of military life.

On Sept. 14, 1970, then-Chief of Naval Operations, Adm. Elmo Zumwalt recognized the issues and concerns that are unique to Navy families. In response, Zumwalt created the Ombudsman Program.

## SEAL Continued...

(Continued from page 3)

Program Manager for NSW Group 1, met with Cnossen's family before his arrival and assisted in coordinating the support elements.

"His mother has been an incredible pillar of strength for him, and the Naval Special Warfare family will continue to take care of all its returning Sailors, especially heroes like Dan," said Graves.

Graves, along with his assistant Susan Letterman, have been working with numerous military groups, including the NSW Foundation and the Care Coalition, to ensure his and his family's extra needs are being met.

Cnossen is a 2002 graduate of the United States Naval Academy and Basic Underwater Demolition School. He was previously awarded the Bronze Star Medal, the Navy and Marine Corps Achievement Medal and the Joint Service Achievement Medal.

**MAJURO, Marshall Islands** - U.S. Navy Rear Adm. Thomas Cullison, deputy surgeon general, observes Royal Australian Air Force Cpl. Diane Beningfield, a dental hygienist embarked aboard the Military Sealift Command dry cargo/ammunition ship USNS Richard E. Byrd (T-AKE 4), as she treats a patient during a Pacific Partnership 2009 medical civic action project in Majuro, Marshall Islands, Sept. 11, 2009. Pacific Partnership is a humanitarian and civil assistance mission in the U.S. Pacific Fleet area of responsibility. (DoD photo by Mass Communication Specialist 2nd Class Joshua Valcarcel, U.S. Navy/Released)



## Anchors Continued...

*(Continued from page 6)*

lot of Army personnel that understand the (CPO Induction) process and there are also a lot of retired Navy working here as government contractors that have helped to explain it to the other nations," said Jorgensen.

The mentoring process for Jorgensen was handled at KAF as well as via email and occasional phone call back to NHB. "I had a HMCM, MAC, BMC, SWCS, SWC and three HMCs guiding me as well as

the majority of the NHB Chief Petty Officer Association and a lot of retired chiefs via e-mail and occasional phone calls," she said.

Her deployment is made a bit easier by the living conditions in the southern region of Afghanistan.

"They are unbelievable!" she exclaimed. "I expected to be stuck in a tent with cots packed wall-to-wall with little or no privacy. But all of the hospital staff are assigned to NATO billeting which are two-story, blast-proof structures with approximately 50 2-person rooms. It looks more like a college dorm room than something you would find in a combat zone. Not everyone lives like this though. There are a lot of U.S. forces living in six-person rooms or in tents with bunk beds crammed into them."

Her time spent in the room is limited as her duties have her constantly treating many types of medical issues.

"In the acute care clinic, we have the usual things we would see stateside in an emergency

department such as sprains, chest pain, kidney stones, upper respiratory infections and the occasional hemorrhagic fever," related Jorgensen. But being in the birthplace of the Taliban also brings those wounded by the war. "One experience that stands out is working in the trauma bay when we had all eight trauma bays filled with casualties."

Jorgensen is one of eight new CPOs from NHB out of 61 from Navy Medicine West.

"I had already seen a difference even before putting on my anchors in the way my enlisted and officers interacted with me after immediately stepping into the role of senior enlisted leader," said Jorgensen.

"It is true when they tell you that everyone automatically expects you to know everything. Others will come with questions and concerns that you didn't know about before. You're looked at in this whole new light and entrusted to ensure the well-being of your personnel. And that's what I plan to do."



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**Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or [Valerie.Kremer@med.navy.mil](mailto:Valerie.Kremer@med.navy.mil).**